2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008140

Entity Name: THE VINEYARDS AT ST. LUCIE WEST RESIDENTS'

ASSOCIATION, INC.

Current Principal Place of Business:

PINNACLE ASSOC. MGMT 430 NW LAKE WHITNEY PL PORT SAINT LUCIE, FL 34986

Current Mailing Address:

PINNACLE ASSOC. MGMT 430 NW LAKE WHITNEY PLACE PORT SAINT LUCIE, FL 34986 US

FEI Number: 56-2289362 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PINNACLE ASSOCIATION MANAGEMENT 430 NW LAKE WHITNEY PLACE PORT SAINT LUCIE, FL 34986 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GAIL LOGAN 03/22/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name PARMA, JOHN Name ORIA, GONZALO DR.

Address PINNACLE ASSOC. MGMT Address PINNACLE ASSOC. MGMT

430 NW LAKE WHITNEY PLACE 430 NW LAKE WHITNEY PLACE

City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: PORT SAINT LUCIE FL 34986

Title SECRETARY Title TREASURER

Name VICTOR, LINDA Name LEE, DONALD

Address PINNACLE ASSOC. MGMT Address PINNACLE ASSOC. MGMT

430 NW LAKE WHITNEY PLACE 430 NW LAKE WHITNEY PLACE

City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: PORT SAINT LUCIE FL 34986

Title VP

Name PARKER, BARRY

Address PINNACLE ASSOC. MGMT

430 NW LAKE WHITNEY PLACE

City-State-Zip: PORT SAINT LUCIE FL 34986

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN PARMA PRESIDENT 03/22/2019

FILED Mar 22, 2019

Secretary of State

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